

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: FAXON HOUSE CBRF (510322)
Address: 1212 FAXON ST, SUPERIOR, WI 54880
License Status: REGULAR
Licensed/Certified/Registered 12/23/1989
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096976 **End Date:** 05/11/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095283 **End Date:** 07/14/2005 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009814 Served 08/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	08/25/2005	Yes

Survey ID: 0092526 **End Date:** 04/27/2004 **Type:** STANDARD **Purpose:** SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006341 Served 05/10/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	06/30/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 07/28/2005 **SOD #**10009814 **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(d)

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